

GAIL M. MARTIN, aka GAIL M. COLLINS, GRANTOR

TO

QUITCLAIM DEED

WILLIAM E. COLLINS and wife, GAIL M. COLLINS, GRANTEES

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00), cash in hand paid, and other good and valuable legal consideration, receipt and sufficiency of which is hereby acknowledged, I, GAIL M. MARTIN, aka GAIL M COLLINS, do hereby sell, convey and quitclaim unto WILLIAM E. COLLINS and wife, GAIL M. COLLINS, as tenants by the entirety with full rights of survivorship and not as tenants in common, the land lying and being situated in DeSoto County, Mississippi, more particularly described as follows, to-wit:

Lots 14, 15 and 16, Section B, Lake O' the Hills Subdivision, in Section 19, Township 3 South, Range 9 West, in DeSoto County, Mississippi as shown on plat of record in Plat Book 2, Pages 35-36, in the Office of the Chancery Clerk of DeSoto County, Mississippi, to which plat reference is made for a more particular description.

Taxes for the year 2007, when due in January, 2008, will be paid by the Grantee.

By way of Explanation, TERRY E. MARTIN is now deceased and a copy of his death certificate is attached as Exhibit "A" and incorporated herein. TERRY E. MARTIN and GAIL M. MARTIN took title as tenants by the entirety with full rights of survivorship.

NO TITLE WORK WAS REQUESTED OR PERFORMED.

WITNESS our signatures this the 8 day of February 2007.

Gail M Martin AKA Gail M Collins
GAIL M. MARTIN, aka GAIL M. COLLINS
GRANTOR

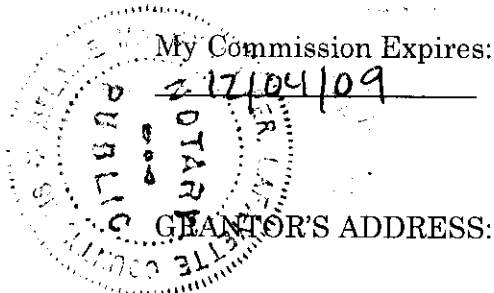
WAB

STATE OF MISSISSIPPI
COUNTY OF DESOTO

This day personally appeared before me, the undersigned authority in and for said County and State, the within named GAIL M. MARTIN, aka GAIL M. COLLINS, who acknowledged signing and delivering the above and foregoing Quitclaim Deed on the day and date therein mentioned as a free and voluntary act and deed and for the purposes therein expressed.

GIVEN under my hand and official seal of office this the 8 day of February 2007.

Melanie M. Hagen
Notary Public



GRANTOR'S ADDRESS: 3583 Ben Ledis Ridge Cove, Hernando, MS 38632
Home No. 662-429-0175 Work No. N/A

GRANTEE'S ADDRESS: 3583 Ben Ledis Ridge Cove, Hernando, MS 38632
Home No. 662-429-0175 Work No. n/a

Prepared by:
Walker, Brown & Brown, P. A.
P. O. Box 276
Hernando, MS 38632
(662) 429-5277
(901) 521-9292
mmh Martin to Collins QCD



TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

SK 550 PG 636

STATE FILE
NUMBER

PRINT
IN
MANENT
ACK INK
FOR
DUPLICATIONS
AND BOOK

1. DECEDENT'S NAME (First, Middle, Last)

Terry Eugene Martin

2. SEX

Male

3. DATE OF DEATH (Month, Day, Year)

December 29, 2004

4. SOCIAL SECURITY NUMBER (of Decedent)

265-42-8962

5a. AGE LAST BIRTHDAY (Years)

70

5b. UNDER 1 YEAR

MOS.

DAYS

5c. UNDER 1 DAY

HOURS

MIN.

6. DATE OF BIRTH (Month, Day, Year)

Sept. 20, 1934

7. BIRTHPLACE (City and State or Foreign Country)

Lake City, Fla.

8. WAS DECEDENT EVER IN U.S. ARMED FORCES?

1 ☒ Yes 2 ☐ No

HOSPITAL

1 ☐ Inpatient

2 ☐ ER/Outpatient

3 ☐ DOA

4 ☒ Nursing Home

5 ☐ Residence

6 ☐ Other (Specify)

9b. FACILITY NAME (If not institution, give street and number)

Cardova Rehab. & Nursing Ctr.

9c. CITY, TOWN, OR LOCATION OF DEATH

Cardova, Tenn.

9d. COUNTY OF DEATH

Shelby

10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify)

Married

11. SURVIVING SPOUSE (If wife, give maiden name)

Gail Hicks

12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)

Police Officer

12b. KIND OF BUSINESS/INDUSTRY

City of Miami, Fla.

13a. RESIDENCE-STATE

Miss.

13b. COUNTY

Desoto

13c. CITY, TOWN OR LOCATION

Hernando,

13d. STREET AND NUMBER OR RURAL LOCATION

3583 Ben Ledis Ridge

13e. INSIDE CITY LIMITS?

1 ☐ Yes

2 ☒ No

38632

14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

☐ Yes ☒ No

15. RACE-American Indian, Black, White, etc. (Specify)

White

16. DECEDENT'S EDUCATION (Specify only highest grade completed)

Elementary/Secondary (0-12)

12

College (1-4 or 5+)

(0)

17. FATHER'S NAME (First, Middle, Last)

Harris A. Martin

18. MOTHER'S NAME (First, Middle, Maiden Surname)

Cecelia Mertle Bell

19a. INFORMANT'S NAME (Type/Print)

Gail H. Martin

19b. RELATIONSHIP TO DECEASED

Wife

19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

3583 Ben Ledis Ridge

Hernando, Miss. 38632

20a. METHOD OF DISPOSITION

1 ☒ Burial 2 ☒ Cremation 3 ☐ Removal from State

4 ☐ Donation 5 ☐ Other (Specify)

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)

Tenn. Cremations Inc.

Florida National Cemetery

20c. LOCATION-City or Town, State

Memphis, Tenn.

Bushnell, Fla.

21a. SIGNATURE OF FUNERAL DIRECTOR

John E. Phillips

21b. LICENSE NUMBER OF FUNERAL DIRECTOR

Miss.

FD 331

21c. SIGNATURE OF EMBALMER

Not Embalmed

21d. LICENSE NUMBER OF EMBALMER

NA

22. NAME AND ADDRESS OF FUNERAL HOME

Brantley-Phillips Funeral Home

2470 Hwy. 51 South

Hernando, Miss. 38632

22b. LICENSE NUMBER OF FUNERAL HOME

Mississippi

FE 105

23. REGISTRAR'S SIGNATURE

Deborah L. Brown

24. DATE FILED (Month, Day, Year)

January 14, 2005

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.

1 ☐ SIGNATURE AND TITLE OF PHYSICIAN

Ed Hines MD

25b. LICENSE NUMBER

15653

25c. DATE SIGNED (Month, Day, Year)

1/10/05

26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated.

2 ☐ SIGNATURE AND TITLE OF MEDICAL EXAMINER

26b. LICENSE NUMBER

26c. DATE SIGNED (Month, Day, Year)

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)

Dr Ed Hines MD 6263 Poplar Ave. Suite 1052 Memphis, Tenn. 38119

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. Dermato mycosis

DUE TO (OR AS A CONSEQUENCE OF):

Approximate Interval Between Onset and Death

3 years

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

b. DUE TO (OR AS A CONSEQUENCE OF):

c. DUE TO (OR AS A CONSEQUENCE OF):

d. DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

29a. WAS AN AUTOPSY PERFORMED?

1 ☐ Yes 2 ☐ No

29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 ☐ Yes 2 ☐ No

30. MANNER OF DEATH

1 ☒ Natural 5 ☐ Pending Investigation

2 ☐ Accident

3 ☐ Suicide 4 ☐ Could not be Determined

4 ☐ Homicide

31a. DATE OF INJURY (Month, Day, Year)

31b. TIME OF INJURY

31c. INJURY AT WORK?

1 ☐ Yes

2 ☐ No

31d. DESCRIBE HOW INJURY OCCURRED

31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)

31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

PHYSICIAN OR MEDICAL EXAMINER EXECUTING THIS CERTIFICATE MUST HAVE SIGNATURE AND SIGNATURE CERTIFICATION IN 48 HOURS.

INSTRUCTIONS OTHER SIDE

CAUSE OF DEATH

NO